

Case Number:	CM14-0009050		
Date Assigned:	02/14/2014	Date of Injury:	02/10/1998
Decision Date:	06/24/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/23/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 78-year-old female who sustained an injury to the low back on February 10, 1998. The clinical records provided for review include a January 7, 2014 progress report noting chronic low back complaints with left greater than right leg pain for a diagnosis of postlaminectomy syndrome. The report of an MRI of the lumbar spine dated May 13, 2013 identified degenerative disc disease at L3-4 and L4-5 as well as postsurgical changes at L5-S1. The physical examination documented abnormal left leg reflexes, limited range of motion, paraspinous muscle tenderness and spasm. The report documented that the claimant had failed conservative care including medications, injections, work restrictions and also had secondary complaints of depression, anxiety, and opioid dependency. Given the continued complaints, particularly of the lower extremities, a spinal cord stimulator trial was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

SPINAL CORD STIMULATOR THERAPY TRIAL: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, LOW BACK COMPLAINTS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , SPINAL CORD STIMULATORS, 105-107

Decision rationale: Based on Chronic Pain Medical Treatment Guidelines, a spinal cord stimulator trial would be appropriate. This individual has chronic radicular complaints and a current diagnosis of post laminectomy syndrome. The claimant has failed to improve despite conservative care as well as prior surgery to the lumbar spine. Given ongoing complaints particularly of a radicular fashion to the legs, a spinal cord stimulator trial for further treatment would be supported. Therefore request is medically necessary.